



For adults with triple-negative breast cancer (TNBC) that has spread to other parts of the body (metastatic) or cannot be removed by surgery and who have received two or more prior treatments, including at least one treatment for metastatic disease

THE POWER TO
**SLOW
DOWN**
PROGRESSION OF mTNBC

Not actual patients.

TRODELVY WAS PROVEN TO BE MORE EFFECTIVE AT SLOWING DISEASE PROGRESSION THAN TRADITIONAL CHEMOTHERAPIES IN A PHASE 3 STUDY

TRODELVY was studied in 529 patients randomized for treatment with TRODELVY (n=267) or the physician's choice of single-agent chemotherapy (traditional chemotherapies). These included eribulin, vinorelbine, gemcitabine, or capecitabine. The trial tested median Progression-Free Survival (PFS), which is how long a treatment stops the growth or spread of metastatic triple-negative breast cancer (mTNBC) in half the people who take it. Some patients taking TRODELVY showed no signs of their mTNBC getting worse for at least 4.8 months vs 1.7 months for patients taking traditional chemotherapies.

TRODELVY may not work for everyone. Individual results may vary.

WHAT IS TRODELVY?

TRODELVY® (sacituzumab govitecan-hziy) is a prescription medicine used to treat adults with triple-negative breast cancer (negative for estrogen and progesterone hormone receptors and HER2) that has spread to other parts of the body (metastatic) or cannot be removed by surgery, and who have received two or more prior treatments, including at least one treatment for metastatic disease.

It is not known if TRODELVY is safe and effective in people with moderate or severe liver problems or in children.



IMPORTANT SAFETY INFORMATION

TRODELVY can cause serious side effects, including low white blood cell count and severe diarrhea:

- **Low white blood cell count (neutropenia)** which is common and can sometimes be severe and lead to infections that can be life-threatening or cause death. Your healthcare provider should check your blood cell counts during treatment. If your white blood cell count is too low, your healthcare provider may need to lower your dose, give you a medicine to help prevent low blood cell count with future doses of TRODELVY, or in some cases may stop TRODELVY. Your healthcare provider may need to give you antibiotic medicines if you develop fever while your white blood cell count is low. **Call your healthcare provider right away if you develop any of the following signs of infection:** fever, chills, cough, shortness of breath, or burning or pain when you urinate.

Ask your doctor where **TRODELVY** may fit into your plan

Please see **Important Safety Information** on pages 10-11. Please see **Important Facts** about TRODELVY, including **Important Warning**.

UNDERSTANDING DIFFERENT BREAST CANCER TYPES

One of the ways breast cancers are classified is by proteins called receptors, which are expressed by the cancer cell. There are thousands of different types of receptors on cells in the body. Knowing which receptors are present helps your doctor choose a treatment that your type of cancer is most likely to respond to.

HR+ BREAST CANCER

Cancers are called hormone receptor-positive (HR+) if they have estrogen or progesterone receptors. When estrogen or progesterone attach to these receptors, they fuel cancer growth. Breast cancers that have estrogen receptors are called estrogen receptor-positive (ER+). Breast cancers that have progesterone receptors are called progesterone receptor-positive (PR+).

Treatment for HR+ breast cancers may include medicines that block the effect of estrogen or progesterone.

HER2+ BREAST CANCER

Some breast cancers are fueled by a different receptor called HER2. Both normal cells and cancer cells have HER2 receptors. In HER2+ breast cancer, cancer cells have more HER2 receptors than normal cells. This makes the cancer grow faster than normal cells. Treatments for HER2+ breast cancer target and block the HER2 receptor.

TRIPLE-NEGATIVE BREAST CANCER

Some breast cancers do not have estrogen or progesterone receptors (ER- or PR-). They also do not have too much of a protein called HER2 (HER2-). This is called **triple-negative breast cancer (TNBC)**.

Hormone therapy is typically not helpful in TNBC because the cancer cells do not have hormone receptors. Drugs that target HER2 are not helpful because the cancer cells do not have enough HER2 receptors.

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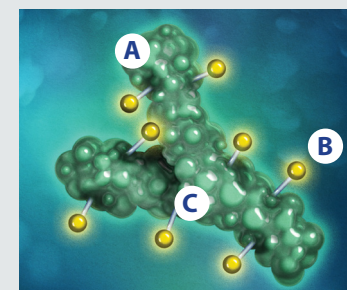
MORE ABOUT TNBC

- When comparing age groups, the majority of TNBC cases are diagnosed in **women 51-60 years old**
- However, when **women under 40** are diagnosed with breast cancer, it is more likely to be TNBC than if they are diagnosed over 40
- TNBC more commonly affects **African American and Hispanic women**
- In addition, breast cancers **associated with a BRCA mutation** (either BRCA1 or BRCA2) are often, but not always, triple negative

BRCA=Breast Cancer susceptibility gene; HER2=human epithelial growth factor receptor 2.

2 Please see Important Safety Information on pages 10-11. Please see Important Facts about TRODELVY, including Important Warning.

TRODELVY IS DESIGNED TO WORK DIFFERENTLY THAN TRADITIONAL CHEMOTHERAPIES



WHAT TRODELVY IS MADE OF

TRODELVY is a type of drug called an antibody-drug conjugate, or ADC for short. Unlike traditional chemotherapy, ADCs contain 3 parts: an antibody, an anti-cancer drug, and a linker.

A. Antibody

Looks for a specific protein, in this case Trop-2, which is found to be overexpressed in many cancers, including breast cancer

B. Anti-cancer drug

Kills cancer cells once they're found

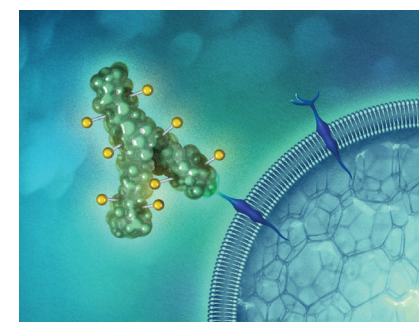
C. Linker

Connects the anti-cancer drug to the antibody

HOW TRODELVY IS THOUGHT TO ATTACK TNBC TUMORS

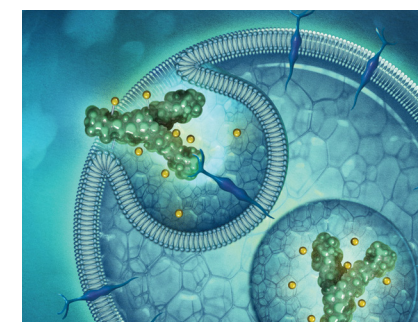
Scientists discovered that patients with TNBC have tumor cells that more often contain the Trop-2 protein. TRODELVY binds to cells with Trop-2.

Information from laboratory studies suggest that this is how TRODELVY works. The clinical benefit of these observations is unknown.



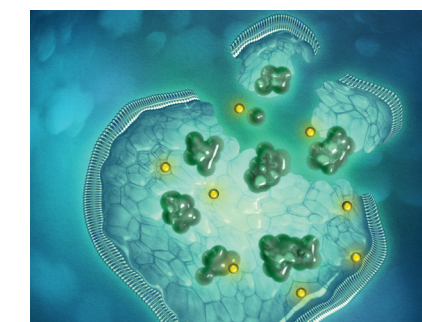
1. Attaches

The antibody in TRODELVY finds and sticks to the Trop-2 protein



2. Penetrates

Once attached, TRODELVY delivers an anti-cancer drug **directly** into the TNBC cells



3. Destroys

TRODELVY kills the TNBC cells from within

TRODELVY IS THE FIRST AND ONLY mTNBC TREATMENT TO TARGET THE TROP-2 PROTEIN

IMPORTANT SAFETY INFORMATION (cont'd)

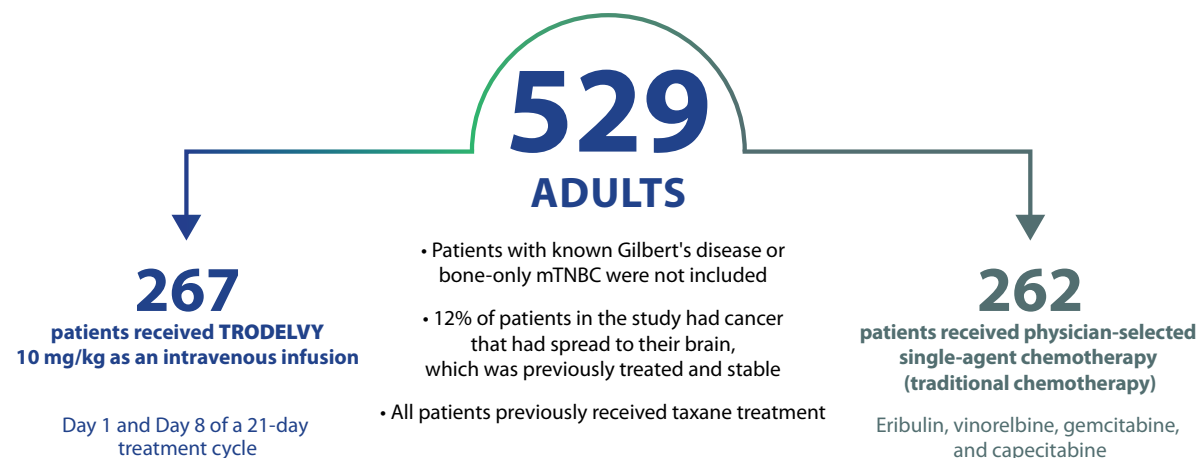
• **Severe diarrhea.** Diarrhea is common and can be severe. Your healthcare provider should monitor you for diarrhea and give you medicine as needed to help control it. If you lose too much body fluid (dehydration), your healthcare provider may need to give you fluids and electrolytes to replace body salts. If diarrhea happens later in your treatment, your healthcare provider may check you to see if it may be caused by an infection. Your healthcare provider may decrease your dose or stop TRODELVY if your diarrhea is severe and cannot be controlled with anti-diarrheal medicines.

-**Call your healthcare provider right away** the first time that you get diarrhea during treatment with TRODELVY; if you have black or bloody stools; if you have symptoms of dehydration, such as lightheadedness, dizziness, or faintness; if you are unable to take fluids by mouth due to nausea or vomiting; or if you are not able to get your diarrhea under control within 24 hours.

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IN A PHASE 3 STUDY, TRODELVY WAS PROVEN TO BE MORE EFFECTIVE AT SLOWING DISEASE PROGRESSION THAN TRADITIONAL CHEMOTHERAPIES

TRODELVY was studied in a large phase 3 study in adults with TNBC that had spread to other parts of the body (metastatic) or could not be removed by surgery and who had previously received 2 or more therapies for breast cancer, at least one of them for metastatic disease



TRODELVY delayed the spread of mTNBC

In the clinical trial, some of the patients taking TRODELVY showed no signs of mTNBC getting worse for 4.8 months vs 1.7 months for patients taking traditional chemotherapies. This is also called "median Progression-Free Survival (PFS)," which is how long a treatment stops the growth or spread of mTNBC in half the people who take it.

Patients taking TRODELVY lived longer than those taking traditional chemotherapies

In the clinical trial, TRODELVY helped half of patients live nearly 2x longer than patients who were taking traditional chemotherapies. This is also called "median Overall Survival (OS)," which is how long half of patients were alive after starting treatment.



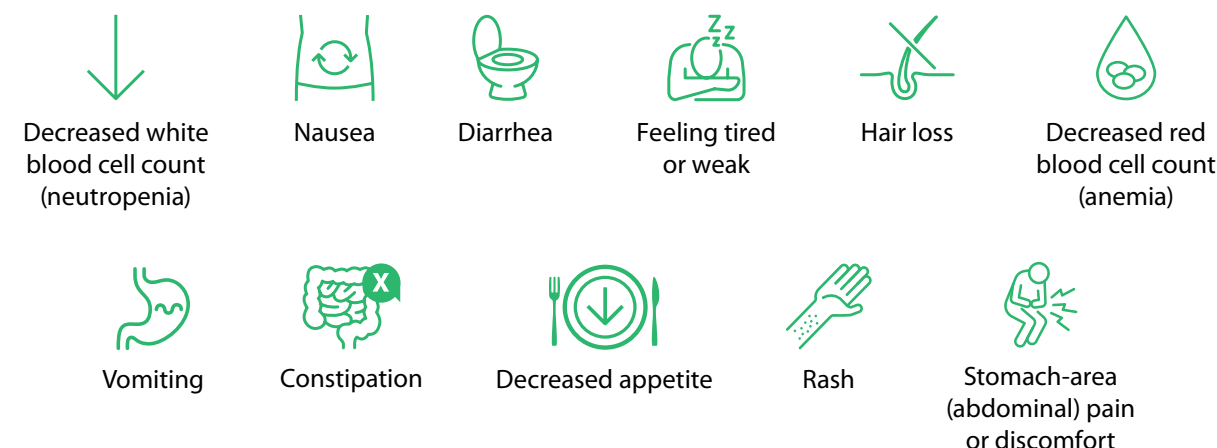
Results shown are in all patients (with and without brain cancer). TRODELVY may not work for everyone. Individual results may vary.

SIDE EFFECTS: WHAT YOU MAY EXPECT

It's important to understand what side effects may be expected with TRODELVY, including serious side effects. Contact your doctor immediately if you have any side effects. Some side effects may require medical attention and, for some side effects, your doctor may have tips to help you manage or cope with them.

Some side effects of TRODELVY are similar to those you may have had while taking chemotherapy for mTNBC, and the severity is different for everyone. TRODELVY is likely to cause hair loss, even for patients who have not lost hair before. This may happen soon after starting treatment.

The **most common side effects** seen in ≥25% of patients were:



TRODELVY can also cause **serious side effects**, including neutropenia, severe diarrhea, serious infusion-related reactions and allergic reactions that can be life-threatening, and nausea and vomiting in the phase 3 trial.

- Serious adverse reactions occurred in 27% of patients receiving TRODELVY. Serious adverse reactions in >1% of patients receiving TRODELVY included neutropenia (7%), diarrhea (4%), and pneumonia (3%)
- 5% of patients stopped treatment due to side effects
- Side effects leading to a treatment interruption of TRODELVY occurred in 63% of patients
- Doses were reduced for 22% of patients to help manage side effects

Be sure to tell your doctor about any side effects you have while on TRODELVY. They may be able to help by:

- Recommending medications that support your treatment
 - Granulocyte-colony stimulating factor (G-CSF) was used in 44% of patients who received TRODELVY
- Reducing/interrupting your dose
- Discontinuing your treatment with TRODELVY

These are not all of the possible side effects of TRODELVY. Tell your doctor about any side effects that bother you or do not go away. Call your doctor for medical advice about side effects. You may report side effects to the FDA at 1-800-FDA-1088.

IMPORTANT SAFETY INFORMATION (cont'd)

Do not receive TRODELVY if you have had a severe allergic reaction to TRODELVY. Ask your healthcare provider if you are not sure.

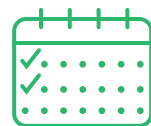
Please see Important Safety Information on pages 10-11. Please see Important Facts about TRODELVY, including Important Warning.



HOW TRODELVY IS GIVEN



TRODELVY is an intravenous (IV) infusion (10 mg/kg)



Doses are given **once a week for 2 weeks (Day 1 and Day 8)** of 21-day treatment cycles



Each treatment cycle is **21 days** (3 weeks)

WHAT TO EXPECT ON TREATMENT DAYS

Your doctor may recommend the following on treatment days:

- Your weight measured to find the right dose
- A short physical exam to check your blood pressure, pulse, breathing, and temperature
- An IV tube put into your vein
- A blood sample taken

On treatment days, you can also expect to go through these 3 steps:

SAMPLE 21-DAY TREATMENT CYCLE

M	T	W	T	F	S	S
1 DOSE 1	2	3	4	5	6	7
8 DOSE 2	9	10	11	12	13	14
15	16	17	18	19	20	21

Treatment cycles repeat every 21 days

You and your doctor will decide how many treatment cycles you receive. This may be based on factors such as whether your tumor has responded to treatment or your body's ability to tolerate treatment.

1

PRE-INFUSION

You may be given medicines before your infusion to help prevent infusion reactions, including a fever reducer, antihistamines, or corticosteroids. Your doctor may also give you medicine to help reduce or prevent nausea or vomiting.

2

INFUSION

Your first infusion will take approximately 3 hours. Your doctor will observe you during the infusion.

After that, if prior treatment was well tolerated, your infusions with TRODELVY may take 1 to 2 hours.

3

OBSERVATION

After each infusion, your doctor will watch you for reactions for at least 30 minutes.

If you experience any side effects while taking TRODELVY, tell your doctor right away. Please read the Important Safety Information on **pages 10-11** and the information on side effects on **page 5**.

Your doctor may give you medicines to take home that can help you manage the side effects of TRODELVY. Keep track of when and how often side effects occur, as well as their severity, so your doctor can best support you.

Before starting TRODELVY, tell your doctor about any medicines you are taking. Be sure to include prescription and over-the-counter medicines, vitamins, and herbal supplements. Certain medicines may affect the way TRODELVY works.

Not an actual patient.



IMPORTANT SAFETY INFORMATION (cont'd)

Allergic and infusion-related reactions which can be serious and life-threatening. Tell your healthcare provider or nurse right away if you get any of the following symptoms during your infusion of TRODELVY or within 24 hours after: swelling of your face, lips, tongue, or throat; hives; skin rash, itching, or flushing of your skin; fever; difficulty breathing or wheezing; lightheadedness, dizziness, feeling faint, or pass out; or chills or shaking chills (rigors).

Nausea and vomiting are common with TRODELVY and can sometimes be severe. Before each dose of TRODELVY, you will receive medicines to help prevent nausea and vomiting along with medicines to take home with instructions about how to take them. Call your healthcare provider right away if you have nausea or vomiting that is not controlled with the medicines prescribed for you. Your healthcare provider may decide to decrease your dose or stop TRODELVY if your nausea and vomiting is severe and cannot be controlled with anti-nausea medicines.

Before receiving TRODELVY, tell your healthcare provider about all of your medical conditions, including if you:

- have been told that you carry a gene for UGT1A1*28, which can increase your risk of getting side effects with TRODELVY, especially low white blood cell counts, with or without a fever, and low red blood cell counts.
- have liver problems. (See more on next page.)

Please see Important Safety Information on pages 10-11. Please see Important Facts about TRODELVY, including Important Warning.

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PATIENT ACCESS AND REIMBURSEMENT SUPPORT PROGRAM



TRODELVY ACCESS SUPPORT is a patient access and reimbursement support program. It will help you understand specific coverage and reimbursement guidelines for TRODELVY.

REIMBURSEMENT SUPPORT SERVICES INCLUDE:

- Benefits and coverage
- Patient support programs
- Out-of-pocket cost assessment
- Alternate assistance options



The TRODELVY Savings Program can provide financial assistance toward the cost of TRODELVY.

For more information, please contact
TRODELVY ACCESS SUPPORT:
Phone: 1-844-TRODELVY (1-844-876-3358)
Monday–Friday, 9 AM–7 PM ET | **Fax: 1-833-851-4344**

Terms and conditions apply. Please visit [TRODELVY.com/access](https://trodelvy.com/access) for more information.

IMPORTANT SAFETY INFORMATION (cont'd)

Before receiving TRODELVY, tell your healthcare provider about all of your medical conditions, including if you: (cont'd)

- are pregnant or plan to become pregnant. TRODELVY can harm your unborn baby. Your healthcare provider should check to see if you are pregnant before you start receiving TRODELVY. TRODELVY may cause fertility problems in females, which could affect your ability to have a baby. Talk to your healthcare provider if fertility is a concern for you.

- Females who can become pregnant should use effective birth control during treatment and for 6 months after your last dose of TRODELVY. Talk to your healthcare provider about birth control choices that may be right for you during this time.

- Males with a female partner who can become pregnant should use effective birth control during treatment and for 3 months after your last dose of TRODELVY.

- Tell your healthcare provider right away if you or your partner become pregnant during treatment with TRODELVY.

- are breastfeeding or plan to breastfeed. It is not known if TRODELVY passes into your breastmilk and can harm your baby. Do not breastfeed during treatment and for 1 month after your last dose of TRODELVY.

Tell your healthcare provider about all the medicines you take, including prescription and over-the-counter medicines, vitamins, and herbal supplements. Certain medicines may affect the way TRODELVY works.

The most common side effects of TRODELVY include feeling tired or weak, hair loss, decreased red blood cell count, constipation, decreased appetite, rash, and stomach-area (abdominal) pain or discomfort.

These are not all of the possible side effects of TRODELVY. Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

QUESTIONS TO ASK YOUR DOCTOR

Be sure to ask your doctor any questions you have. This list can help.

- How is mTNBC different from other breast cancers?
- What treatment options are available for patients with mTNBC who have received previous treatments?
- How is TRODELVY different from other treatments?
- Can TRODELVY help me live longer?
- Why are you recommending TRODELVY?
- If my tumor has mutated to mTNBC, can I take TRODELVY?
- What side effects could I have with TRODELVY?
- What tests need to be done before I am given TRODELVY?
- How should I get ready for my first TRODELVY infusion?
- How often will I receive TRODELVY?
- How long will I be on TRODELVY?
- How will I know if TRODELVY is working?
- What if I need help paying for TRODELVY?

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- **Severe diarrhea.** Diarrhea is common and can be severe. Your healthcare provider should monitor you for diarrhea and give you medicine as needed to help control it. If you lose too much body fluid (dehydration), your healthcare provider may need to give you fluids and electrolytes to replace body salts. If diarrhea happens later in your treatment, your healthcare provider may check you to see if it may be caused by an infection. Your healthcare provider may decrease your dose or stop TRODELVY if your diarrhea is severe and cannot be controlled with anti-diarrheal medicines.
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THE POSSIBILITY OF MORE TIME WITHOUT DISEASE PROGRESSION

Learn more at TRODELVY.com

Resources

There are additional resources that may be helpful to patients, families, and caregivers dealing with breast cancer. The following resources are not controlled or owned by Gilead, and Gilead is not responsible for their content.

Breastcancer.org: A complete resource for patients with breast cancer.

breastcancer.org

Living Beyond Breast Cancer®: Information, community, and support for people whose lives have been impacted by breast cancer.

lbbc.org

Metavivor: Dedicated to increasing awareness of advanced breast cancer and equity in research and patient support.

metavivor.org

Share Cancer Support: A supportive community of women affected by breast or ovarian cancer.

sharecancersupport.org

Sharsheret®: A Jewish breast cancer organization that helps women and their families face breast cancer.

sharsheret.org

Sisters Network® Inc: Committed to increasing local and national attention to the devastating impact that breast cancer has in the African American community.

sistersnetworkinc.org

Triple Negative Breast Cancer Foundation®: Dedicated to raising awareness of triple-negative breast cancer.

tnbcfoundation.org

Young Survival Coalition®: Dedicated to the critical issues unique to young women who are diagnosed with breast cancer.

youngsurvival.org

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